Division of Corporations

Florida Department of State Division of Cor

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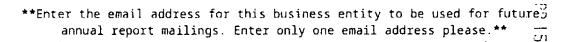
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206





_____ FOREIGN PROFIT/NONPROFIT CORPORATION

Propense Inc.

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Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation arthorisignated in this application, I hereby accept the appointment as registered agent and agree to act in this applications of all statutes relative to the proper and complete performance of the agree to comply with the provisions of all statutes relative to the proper and complete performance of the agree to complete p		eting business in Florida)
(State or country under the law of which it is incorporated) 01/05/2023 (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1600 NE 1st Ave Unit 1107 Miami, FL 33132 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc (1) 7901 4th St N STE 300 (City) Registered agent's acceptance: Priorida 33702 (City) Registered agent's acceptance: Priorida as registered agent and to accept service of process for the above stated corporation arthorization agree to act in this application. I hereby accept the appointment as registered agent and agree to act in this application arthorization agree to comply with the provisions of all statutes relative to the proper and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and complete performance of the appointment as registered agent and the appointment as registered agent and complete performance of the appointment as registered agent and the appointment as reg		_
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		Florida, if prior to registration) 02, F.S., to determine penalty lia c street address) address, if different) Box NOT acceptable) . Florida 33702 (Zip code) e of process for the above steent as registered agent and a

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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To: 18506176383

Page: 3/5

Fax: 8134365206

A. DIRECTORS			
□Chairman	Keith, Timothy Name:	□ Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
X'Director	1600 NE 1st Ave Unit 1107	□ Director	
X President	Miami. FL 33132	☐ President	
□Vice President		□ Vice President	
X Secretary	X Treasurer	□ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□ Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	□ Secretary	□ Teasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
∪Vice Chairman	Address:	∐Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Tœasurer	□ Secretary	□Treasurer
□Other	Other	Other	Other
	Signature of Di	epartment of State Annual Re-	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155, F.S.

4/15/2024 05:57:35 PDT To: 18506176383 Page: 4/5 Fax: 8134365206



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROPENSE, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPENSE, INC."

WAS INCORPORATED ON THE FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202788794

Date: 02-12-24

4/15/2024 05:57:35 PDT To: 18506176383 Page: 5/5 Fax: 8134365206

Name Resolution

I, Timothy Keith, last member and authorized person of PROPENSE INC, acting on behalf of the company, authorize Robin Jones of Registered Agents Inc. to file the name "PROPENSE INC", a Florida Limited Liability Company for use in the State of Florida.

I acknowledge that the original PROPENSE INC, P23000075308, has been dissolved, and I have no intentions to reopen it.

Dated this 15th day of April, 2024.

Jimothy Keith Timothy Keith, President